

ORIGINAL

STATE OF ILLINOIS

STATE FILE NUMBER

66166

DECEDENT'S BIRTH NO.		MEDICAL CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO. 16.10	REGISTERED NUMBER
1. PLACE OF DEATH a. STATE ILLINOIS		b. COUNTY COOK		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission.) a. STATE ILLINOIS b. COUNTY COOK	
c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO		c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO			
d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name..... Road District No.....		e. LENGTH OF STAY IN YEAR OR 1/4 70YRS		d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name..... Road District No..... e. LENGTH OF RESIDENCE 70YRS	
f. NAME OF HOSPITAL OR INSTITUTION AUGUSTANA HOSPITAL		g. LENGTH OF STAY 2HRS-10MIN		f. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 5040 N LINCOLN AVENUE	
h. If not in hospital or institution, give Street & No. or R.F.D. and Post Office		g. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED a. (FIRST) CHESTER b. (MIDDLE) L. c. (LAST) TORKELSON			4. DATE OF DEATH (MONTH) (DAY) (YEAR) 9 - 22 - 64		
5. SEX MALE	6. RACE WHITE	7. MARRIED, NEVER MARRIED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH 3-19-1894	9. AGE (in years) 70YRS if under 1 year MONTHS DAYS if under 24 hrs. HOURS MIN.	
10a. USUAL OCCUPATION CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL BUILDING		11. BIRTHPLACE (City and state or foreign country) CHICAGO ILLINOIS	
12. Citizen of what Country? A		13. FATHER'S FULL NAME KNUTE TORKELSON		14. MOTHER'S FULL MAIDEN NAME LOUISE OLSON	
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) YES W W-1-ARMY		16. SOCIAL SECURITY NUMBER 362 05 5004		17. INFORMANT a. SIGNATURE <i>Lorraine Helget Olson</i> b. ADDRESS 411 W. DICKENS MEDICAL c. RELATIONSHIP TO DECEASED RECORDS	
18. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY. [Enter only one cause per line for (A), (B) and (C).] IMMEDIATE CAUSE (A) BILATERAL BRONCHOPNEUMONIA Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. due to (B) DIFFUSE EMPHYSEMA due to (C) INTERVAL BETWEEN ONSET AND DEATH 24 HOURS UNK					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A). GENERALIZED ARTERIOSCLEROSIS - YRS					
19a. DATE OF OPERATION, IF ANY		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
NOTE: If an injury was involved in this death, the Coroner must be notified.					
21. I hereby certify that I attended the deceased from JAN 64 to SEPT 22 64, that I last saw the deceased alive on SEPT 22 64, and death occurred at 6:10AM M., from the causes and on the date stated above.					
Signature <i>Paul Stanat</i> M.D.			Date 9-22-64		Illinois License No 36-35410
Address 1951 IRVING PARK ROAD			Phone LA 5 2134		
22. DISPOSITION: BURIAL-REMOVAL-CREMATION Date 9-25-64 CEMETERY Mt. Olive LOCATION Chicago, Illinois			23. FUNERAL DIRECTOR SIGNATURE <i>Joseph N. Krause</i> ADDRESS 3905 N. Lincoln Chicago, Illinois. No F-511		
24. Received for filing on		SEP 24 1964 (Signed) <i>Paul L. Stanat</i>			

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1964 revision based on the U. S. Standard Certificate of Death.  
PAUL STANAT M.D. ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
VS 200-BUREAU OF STATISTICS